

## Afterschool Snack Program (ASSP)

### DAILY SNACK COUNT RECORD FOR SITE/AREA ELIGIBLE SCHOOLS

*Complete this form daily and return to the school food service department.*

School/Site: \_\_\_\_\_ Location: \_\_\_\_\_

Grades Served: \_\_\_\_\_ Date: \_\_\_\_\_ Total Snacks Received By Site: \_\_\_\_\_

Today's Snack Menu \*: \_\_\_\_\_

\* All snacks must comply with the ASSP Meal pattern. Snacks must include at least **two** of the four meal pattern components: milk (low-fat unflavored or fat-free flavored or unflavored), vegetables/fruits, grains/breads and meat/meat alternates. Juice cannot be served when milk is the only other component.

#### DAILY STUDENT SNACK COUNT

Cross off number as each student receives a complete snack. Students must receive **both snack components** before the snack can be counted.

1	11	21	31	41	51	61	71	81	91	101	111	121	131	141
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150

**TOTAL SNACKS SERVED:**  
**(Students Only)**

#### DAILY ADULT SNACK COUNT

Snacks served to adults must be paid for by the adult or the school/organization responsible for the programming.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**TOTAL SNACKS SERVED:**  
**(Adults Only)**

Comments:

Person Completing Form: \_\_\_\_\_

*Print Name*

*Signature*